

<b>Case Number:</b>	CM15-0200635		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/10/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: North Carolina  
Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old male with a date of injury on 07-10-2015. The injured worker is undergoing treatment for arthritis of the right hand. A physician progress note dated 09-18-2015 documents the injured worker has pain in the dorsal portion of the right wrist. There is not much improvement. If he lifts something heavy he gets a sharp pain shooting up from the back of the hand to the top posterior right elbow over the olecranon. Mobic is not helping. Capsaicin burned a lot. He is off work, no light duty. On 07-31-2015 he saw an orthopedic hand surgeon and a steroid injection was given with some relief. He had crepitus in the TTP thumb CMC joint during range of motion. There is tenderness to palpation over long finger MP joint dorsally with range of motion 10-90, no significant effusion. On 08-07-2015 a physician note documented he received a steroid injection and tolerated the procedure well, with improvement in pain afterwards. The treatment plan was to use ice and NSAIDs as needed for the next few days, and a splint-brace was ordered. Treatment to date has included diagnostic studies, medications, injections, and occupational therapy. Medications include Meloxicam, and Capsaicin topical cream. X ray of the right hand revealed minimal osteoarthritic changes are noted at the carpometacarpal joint of the thumb as well as moderate osteoarthritic changes at the MCP joints of the index an middle fingers. Flexion deformity is noted at the PIP joint of the right little finger. The Request for Authorization dated 09-24-2015 includes a Magnetic Resonance Imaging of the right wrist. On 10-01-2015 Utilization Review non-certified the request for a right wrist Magnetic Resonance Imaging.

## **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist-MRI- indications for imaging- Magnetic resonance imaging.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM chapter on wrist and hand complaints and special diagnostic imaging Table 11-6 does not recommend imaging of the wrist/ hand except the case of carpal tunnel syndrome or suspected infection. There is no documentation of expected infection or carpal tunnel syndrome. The documented physical exam does not have findings consistent with carpal tunnel syndrome, occult fracture or infection. Therefore criteria set forth by the ACOEM for imaging of the wrist have not been met and the request is not certified.